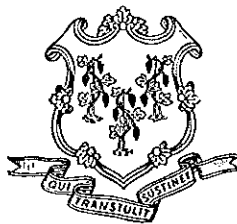


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February 18, 2016

Good afternoon Senator Crisco, Representative Megna and members of the Insurance and Real Estate Committee. I am here to testify in support of SB 34, AN ACT CONCERNING DISPENSATION AND COVERAGE OF A PRESCRIBED DRUG FOR A CHRONIC DISEASE DURING CERTAIN ADVERSE DETERMINATION REVIEWS, AND DECREASING THE TIME FRAMES FOR URGENT CARE ADVERSE DETERMINATION REVIEW REQUESTS and SB 36, AN ACT CONCERNING HEALTH INSURANCE COVERAGE OF ORALLY AND INTRAVENOUSLY ADMINISTERED MEDICATIONS.

The first part of SB 34 represents an agreement reached with the insurance carriers in 2014 but unfortunately has not yet been passed by the General Assembly. These sections of the bill would provide protection to patients with chronic disease during the course of the insurers' internal grievance process. It would require that the insurer cover the prescribed drug during the course of the internal appeal. This legislation would assist patients in receiving appropriate care that has been authorized by a patient's treating physician. It would also encourage the insurer to resolve the appeal with reasonable speed.

The second part of the bill would decrease the timeframe for expedited reviews; this time frame was unfortunately lengthened in PA 11-58. Under the current system, the insurer has 72 hours to respond to an urgent care request; in some cases 72 hours can put a patient in serious danger of a negative outcome. I would have preferred a 24 hour timeframe which is the current

requirement for mental health urgent care requests. However, 48 hours appears to be the compromise and represents a significant improvement over current practice.

SB 36 would create greater equity in our healthcare system by extending to patients with disabling or life-threatening chronic disease, the protections that we extended to cancer patients five years ago. In 2010, the Connecticut General Assembly passed PA 10-63, AN ACT CONCERNING ORAL CHEMOTHERAPY TREATMENTS which addressed the fact that many current therapies can include oral rather than intravenous chemotherapy. Unfortunately, this act applied only to cancer therapy and there are a number of other diseases that are now best treated with these types of medications. The oral medications can include biologics/biopharmaceuticals which have revolutionized care for some diseases and have offered many patients a new opportunity for an extended healthy life. However, these drugs are often extraordinarily expensive. Many of the drugs come in pill form and thus are covered as prescription drugs rather than as medical expenses. Many health plans would cover 100% of an IV infusion but only a percentage of a prescription drug. Thus, if the biologic/biopharmaceutical cost was \$5000 per month and the patient had a plan that paid 80% of prescription drug costs, that patient would have to pay \$12,000 per year out of pocket, while the out of pocket cost if the procedure was an IV infusion would be \$0. This seems an absurd result since oral drugs would seem to save the healthcare system time as well as money. These new drugs are making many diseases manageable but it would appear that the practice of medicine, our healthcare system, and the insurance industry have not caught up with the power and convenience of these new drugs.